



Pacific Lutheran University Cell Phone Allowance Authorization

Employee Name: _____ PLU ID#: _____

Department: _____ Banner Account #: _____

Effective Date: _____ Employee Signature: _____

To be completed by Budget Head:

The University may provide a cell phone allowance to an employee if at least one of the following criteria is met, please check all that apply:

- The job requires considerable time outside the office or away from workstation (job need, travel, meetings, etc.) and use of the cell phone facilitates the effective conduct of business operations while away.
- The job requires the employee to be immediately accessible to receive and/or make frequent business calls outside of working hours.
- The job function of the employee requires work in many different locations on campus and use of the cell phone facilitates the effective conduct of business operations.
- The position has been identified as a critical position in the University's emergency response plans.

Proposed Amount (Maximum \$50): _____

Budget Head Authorization: _____
Date

Vice President's Authorization: _____
Date

Controller's Authorization: _____
Date

Terms and Conditions

- The cell phone allowance will be \$50 or less.
- A Cell Phone Allowance Authorization Form must be completed and approved annually.
- Please reference the full policy for details.